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**FACSIMILE TRANSMITTAL SHEET**

<b>To:</b> Examiner W. Tapolcai	<b>FROM:</b> Byron S. Kuzara
<b>COMPANY:</b> U.S.P.T.O.	<b>DATE:</b> June 24, 2005
<b>FAX NUMBER:</b> 703-872-9306	<b>TOTAL NO. OF PAGES:</b> 15
<b>RE:</b> U.S. Serial No. 10/784,168	<b>OUR REFERENCE NO.:</b> 000407.00026
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<b>NAME:</b> Lesa Wolman	<b>PHONE:</b> 503-425-6800

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Amendment (12 pages)  
Fee Transmittal (1 page)

Serial No. 10/784,168  
Attorney Docket No. 000407.00026

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Effective on 12/03/2004.  
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).

# FEE TRANSMITTAL for FY 2005

Cambridge if known

Application Number	10/784,168	RECEIVED
Filing Date	2/24/04	CENTRAL FAX CENTER
First Named Inventor	Shouichi Yamazaki, et al.	JUN 24 2005
Examiner Name	W. Tapolcal	
Art Unit	3744	
Attorney Docket No.	000407.00026	

☐ Applicant claims small entity status. See 37 CFR 1.27

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**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

**2. EXCESS CLAIM FEES**

Fee Description		Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fees (\$)	Fees Paid (\$)
22	- 24 or HP = 0	x 50 = 0	0
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fees (\$)	Fees Paid (\$)
4	- 3 or HP = 1	x 200 = 200	200
HP = highest number of independent claims paid for, if greater than 3.			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
—	- 100 = —	/ 50 = — (round up to a whole number) x	—	—

**4. OTHER FEES (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature	<u>Byron S. Kuzs</u>	Registration No. (Attorney/Agent)	51,255	Telephone	503-425-8800
Name (Print/Type)	Byron S. Kuzs	Date	8/24/05		

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